POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sm		4/17/00
O.I.P.E. CLASSIFIER		32	
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
		7/4/1	8/10

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim Final	Original	4/02	5/03	6/03	Date				
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Claim Final	Original	5/03	6/03	Date					
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Claim Final	Original	Date							
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If more than 150 claims or 10 actions
staple additional sheet here

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